Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

GOOD TIMES RESTAURANTS INC Form 3 December 23, 2010 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> LEFEVI	Address of Rep	orting	2. Date of Event Requiri Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol GOOD TIMES RESTAURANTS INC [gtim]					
(Last)	(First)	(Middle)	(Monu/Day/Tear) 12/13/2010	4. Relationshi Person(s) to Is			5. If Amendment, Date Original Filed(Month/Day/Year)			
601 CORP	ORATE CIR	CLE		(Check	all applicable)					
GOLDEN,	(Street) CO 8040)1			10% O Other (specify below lent of Operation	wner Filing(Chec _X_Form fi /) Person	al or Joint/Group k Applicable Line) led by One Reporting ed by More than One erson			
(City)	(State)	(Zip)	Table I	- Non-Derivat	ive Securitie	s Beneficially	eneficially Owned			
1.Title of Sec (Instr. 4)	urity			t of Securities lly Owned	Ownership	4. Nature of Indire Ownership (Instr. 5)	ect Beneficial			
Reminder: Re owned directly	• •	ate line for e	ach class of securities bene	ficially SI	EC 1473 (7-02)					
	inform require	ation cont ed to respo	pond to the collection ained in this form are r ond unless the form dis MB control number.	not						
	Table II - Der	ivative Secu	rities Beneficially Owned	(e.g., puts, calls,	warrants, optic	ons, convertible s	ecurities)			
1. Title of Der (Instr. 4)	rivative Securit	Expirati (Month/Day	on Date Sec /Year) Det (Inst	Fitle and Amount of curities Underlying rivative Security str. 4)		ise Form of Derivative	6. Nature of Indirec Beneficial Ownership (Instr. 5)			
		Date	Expiration		с ·	\mathbf{D}^{\prime} (\mathbf{D})				

Exercisable

Date

Title

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

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Incentive Stock Option 12/13/2013 12/13/2020 Common 23,955 \$ 0.52 D Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LEFEVER SCOTT 601 CORPORATE CIRCLE GOLDEN, CO 80401	Â	Â	Vice President of Operations	Â		
Signatures						

/s/ Scott G. LeFever <u>**Signature of</u> Reporting Person
Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.